

MATERIAL ORDER FORM



County of San Diego Health & Human Services Agency San Diego Kids Health Assurance Network

Name:		
Agency:		
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	

Please indicate which type of service you would like or both

Check Box	Type of Service	Preferred Time	Circle Day of the Week
	Presentation	<input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M. _____	S M T W Th F S
	Certified Applicant Assistant	<input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M. _____	S M T W Th F S

Please indicate the number of materials you would like to order

SD-KHAN Item	Quantity
Brochure	English
	Spanish
	Vietnamese
Full-Sheet Flyer in English/Spanish	
Half-Sheet Flyer in English/Spanish	
SD-KHAN Business Card in English/Spanish	
Healthy Families Enrollment Retention Brochure (Maximum Order: 100/language)	English
	Spanish
	Vietnamese
Rite Aid Premium Payment Brochure	English
	Spanish
	Vietnamese
Questions & Answers Fact Sheet in English/Spanish	

Please fax completed form to Mary Galvan @ (619) 692-8827